U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	03560.003454	
First Na	med Inventor or Application Identifier	0
ASANO TOSIYA		74

		Express Mail Label No.			20	
APPLICATION ELEME See MPEP chapter 600 concerning utility patent a	ADDRESS TO:	Commissio P.O. Box 1	Patent Application oner for Patents 450 VA 22313-1450	7510 10/83		
1. X Fee Transmittal Form (Submit an original, and a duplicate for fee p	processing)		7. CD-ROM or CD-R in duplicate, targe table or Computer Program (Appendix)			
2. Applicant claims small entity status. See 37 CFR 1.27.			8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
3. X Specification Total Pa	eges 23	a (Computer Readable I	Form (CRF)		
4. X Drawing(s) (35 USC 113) Total Sh			ation Sequence Listin			
5. X Oath or Declaration Total Pa			paper			
a. X Newly executed (original or co	opy)			identity of above copi	es	
named in the prior a	n Box 17 completed) VENTOR(S) ttached deleting invento pplication, see 37 CFR	9. X Assignment 10. 37 CFR 3.73 (when there	PANYING APPLICA Papers (cover sheet & B(b) Statement e is an assignee) Inslation Document (i	document(s)) Power of At	torney	
1.63(d)(2) and 1.33(6). Application Data Sheet. See 37 CFR 1.	•	12. Information Statement (13. Preliminary 14. X Return Rec (Should be	•	Copies of Citations	IDS	
			7-27-			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) Of prior application No/ Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
18. CORRESPONDENCE ADDRESS						
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below						
NAME						
Address						
City	State		Zip Code			
Country	Telephone		Fax			

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	13-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 86.00 =	\$86.00
	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$290.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$770.00
			Total of	above Calculations =	\$856.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9,	1.27, 1.28).	
				TOTAL =	\$856.00
19. Sr a.		ntity statement is enclose		nal application and su	oh status is still propo
a. b. c. 20.	A small en A small en and desire Is no long X A check in the amount A check in the amount A check in the amount Commissioner is herebout 06-1205:	ntity statement was filed ed. per claimed. punt of \$ <u>856.00</u> to count of \$ <u>40.00</u> to count of \$	in the prior nonprovision cover the filing fee is encover the recordal fee is	closed. enclosed.	
a. b. c. 20.	A small en A small en and desire Is no long X A check in the amount A check in the amou	ntity statement was filed ed. per claimed. punt of \$ 856.00 to 6 punt of \$ 40.00 to 6	in the prior nonprovision cover the filing fee is encover the recordal fee is	closed. enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	Mark A. Williamson - Reg. No. 33,628		
SIGNATURE	Madedrillen		
DATE	April 23, 2004		

MAW/kkv

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